

Attachment B. TRAINING NARRATIVE - Face Sheet

A. CONTRACTOR INFORMATION

1. Contractor Agency Name: _____
2. Address: _____

3. Telephone Number: _____ Fax Number: _____ Email: _____
4. Contractor Agency Project Director (Name and Title) _____
5. Contractor Agency Contract Administrator Name: _____
- 5a. Contractor Agency Contract Administrator Title: _____
- 5b. Address (if different from A.2. and 3. above):

- Telephone Number: _____ Fax Number: _____ Email: _____
6. Name of Program (s): _____
7. Status: () Public () Private, Not for Profit () Private, For Profit
8. Contractor Agency Federal Tax ID Number: _____
9. Contractor's Financial Reporting Year _____ through _____

B. TRAINING SITE(S):

C. AREA TO BE SERVED: _____

D. TRAINEES:

(Signature of Authorized Person)

(Date Submitted)